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Achieving Accountability in Alberta's Health System

November 1998

Accountability

An Action on Health Initiative

Alberta
HEALTH

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Message from the Minister

In June 1997, I released the discussion document *Achieving Accountability in Alberta's Health System* to stakeholders in Alberta's health system and the public for review and comment. The report was intended to be a starting point for the discussion of accountability in the health system.

Following release of the document, Alberta Health staff met with senior officials of health authorities, regulatory bodies and groups representing physicians to discuss accountability and related issues. The comments received from these groups and from others have helped us to revise and expand *Achieving Accountability*.

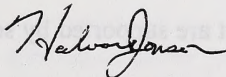
Achieving Accountability outlines the broad roles, responsibilities and reporting relationships of those working in the system. It also describes the processes needed to support accountability and continuous improvement in our health system. The report poses questions where issues of accountability are not clear. I invite your comments on these issues. They are complex, and their resolution will require extensive discussion, negotiation and good will among health system stakeholders.

To achieve accountability in the health system, we need to reconcile the professional and ethical responsibilities of health professionals with the need to deliver health services within a sustainable, fixed budget. Some professional groups believe this document does not adequately address this tension. Discussions on this important issue will continue as health reform proceeds.

I would like to thank all of the individuals who took part in our consultation meetings and provided written comments -- these contributions were thoughtful, insightful and invaluable.

I anticipate that *Achieving Accountability* will help to foster a shared understanding of accountability and continuous improvement in our health system. And I hope that this document will stimulate continued thinking and debate about ways to improve health system accountability and performance.

Yours sincerely,



Halvar C. Jonson
Minister of Health

EXECUTIVE SUMMARY

Improvement in the continued quality of Alberta's health system requires a renewed focus on accountability. The purpose of this document is to describe the structure and processes supporting accountability in Alberta's health system and to highlight areas where clarification and improvement are needed. The document discusses the concept of accountability within Alberta's health system, outlines the broad roles, responsibilities and reporting relationships of various organizations and stakeholders in the health system and describes the overall process and some specific mechanisms supporting health system accountability. It is intended primarily for those currently working within Alberta's health system.

Accountability is defined as *the obligation to answer for the execution of one's assigned responsibilities to the person or group who conferred the responsibilities*. This report focuses on the formal accountability relationships that link different players in the health system. It also recognizes the importance of informal relationships to the effective operation of the health system.

The overall process supporting accountability is continuous improvement. Continuous improvement is an ongoing process which includes:

- ◆ establishing goals and performance measures
- ◆ selecting strategies
- ◆ taking action and monitoring progress
- ◆ reporting results
- ◆ evaluating results, and
- ◆ maintaining or changing course.

The continuous improvement process applies at all levels of the health system -- within Alberta Health, health authorities, facilities and programs, and to individuals working within the health system.

Accountability and continuous improvement are supported by several mechanisms, including:

- ◆ business plans and annual reports
- ◆ contracts
- ◆ monitoring

- ◆ processes for assurance of good practice, and
- ◆ remedies to address performance issues.

The document outlines a number of initiatives being undertaken by the Minister of Health and others to enhance health system accountability and performance.

INTRODUCTION

The Government of Alberta's vision for health is healthy Albertans living in a healthy Alberta. It's a broad and long-term vision that includes not only the quality of health services, but also the importance of promoting and protecting good health for individuals and for Alberta as a whole. With the leadership of the Minister of Health, the many stakeholders in the health system, including health authorities, regulatory bodies, health professionals, service providers and others, are working together and with other sectors to improve the health of Albertans and the quality of the health system.

Improvement in the overall quality of Alberta's health system requires a renewed focus on accountability. We need to clearly assign responsibilities, set expectations and monitor and report on the performance of the system.

Health restructuring has created fundamental change in all parts of the health system. Consequently, the first step in establishing an accountability framework is clarification of roles and responsibilities in Alberta's health system. Until we clearly define who is responsible for what in the health system, it will be difficult to take the important next step of holding the various parties accountable for moving Alberta's health system closer to the performance Albertans expect.

The purpose of this document is to describe the structure and processes supporting accountability in Alberta's health system and to highlight areas where clarification and improvement are needed. The document discusses the concept of accountability within Alberta's health system, outlines the broad roles, responsibilities and reporting relationships of various organizations and stakeholders in the health system and describes the overall process and some specific mechanisms supporting health system accountability. It is intended primarily for those currently working within Alberta's health system.

A major theme underlying this report concerns the shared responsibility of the Government of Alberta, health authorities and the health professions for ensuring quality in Alberta's health system. This requires that all three parties work together to continually improve quality.

Throughout the document, questions and issues are raised for discussion. Often such issues arise because players in the health system face competing demands (e.g., demands for service versus available resources) or may be accountable to more than one organization. These discussions will contribute to ongoing development of the accountability framework.

Establishment of a complete accountability framework which is supported by appropriate processes will take time. There is further work to be done in clarifying the roles, responsibilities, and reporting relationships of service providers and professional organizations. In addition, work continues toward developing health and health system expectations (policies, standards, targets), including expectations for governance and management by health authorities.

Following this introductory chapter, there are two major sections in this document. The first focuses on process -- approaches that are and may be used to ensure accountability and continuous improvement in the health system. The second looks at structure -- the roles, responsibilities and reporting relationships of the various players in Alberta's health system.

This focus on both process and structure is important to ensure not only that individuals and organizations are accountable but that accountability leads to ongoing improvements in Alberta's health system.

What Is Accountability?

The Government of Alberta is committed to open, accountable government focused on results. The public wants to know what health services can be expected and what results have been achieved.

Accountability can be interpreted in a wide variety of ways. In its most general and informal meaning, accountability simply means being expected to answer for one's actions.

For the purposes of this discussion, accountability is defined as *the obligation to answer for the execution of one's assigned responsibilities to the person or group who conferred the responsibilities*. "To be accountable implies a formal relationship and ... it also implies a prior act of delegation direct from one party

to another" (T. Plumptre, 1988)¹.

For an accountability framework, it is important to focus on formal lines of authority -- areas where responsibilities have been delegated, expectations are clear, reporting is required and performance is evaluated. This view of accountability does not mean that less formal relationships between players in the health system are unimportant; such relationships (e.g., between health authorities, between health authorities and regulatory bodies, between health authorities and local agencies, between health professionals, etc.) are critical to the effective functioning of the health system, and are often based on strong moral and professional obligations and traditions. Albertans will continue to rely on physicians, nurses, health authorities and other groups in situations where formal accountability relationships are not in place. The courts and appropriate quasi-judicial bodies will continue to be available for the resolution of disputes.

Several important elements underlie effective accountability relationships:

- ◆ roles and responsibilities are mutually understood and accepted
- ◆ performance expectations are explicit and accepted
- ◆ sufficient resources, including authority to act, are provided
- ◆ review and feedback are carried out, and
- ◆ follow up actions, including rewards and sanctions, may be taken to improve future performance.

Accountability relationships are defined by *structure* (authorized roles, responsibilities and reporting lines), require supporting *processes* (clear expectations, monitoring, reporting back and follow up actions) and focus on *results*.

Delegation and authority are central to the concept of accountability. The individual conferring responsibility may monitor what is

1 Timothy W. Plumptre. 1988. *Beyond the Bottom Line: Management in Government*. Institute for Research on Public Policy. Halifax, Nova Scotia.

happening and step in if required -- he or she has the authority to effect change if change is called for.

Some players in the health system are accountable to several bodies. For example, many health professionals are accountable to health authorities and to their profession's regulatory body for patient care. Multiple lines of accountability generally stem from the different responsibilities of government, health authorities and the health professions. Individuals who are accountable to more than one party may experience tension between their different roles. If conflicts arise, they must be resolved through discussions among the appropriate players.

Distinguishing Accountability from Similar Concepts

"Accountability" must be distinguished from similar terms such as responsibility and answerability.

Accountability and responsibility are not synonyms. A responsibility is the obligation to act or make a decision. Accountability is a type of formal relationship that comes into existence when a responsibility is conferred and accepted and with it, an obligation to report back on the discharge of that responsibility. *One is responsible for something but accountable to someone.*

Answerability, on the other hand, is the obligation to provide information and explanation to another party. An answerable party is not subject to direction or sanctions by the party requesting the information.

Many of the informal relationships that exist throughout the health system are "answerable" relationships. Health professionals, for example, are *answerable* to their peers as individuals and to other health professionals -- this enables teams to function. Peers share information but don't provide direction or apply sanctions to each other. Similarly, health authorities are *answerable* to other health authorities -- sharing information enables authorities to provide better, coordinated care for patients. Health authorities are also *answerable* to their residents while health professionals are *answerable* to their patients.

ACCOUNTABILITY PROCESS AND MECHANISMS

This section describes the overall process and mechanisms needed to ensure accountability and support continuous improvement.

Continuous Improvement

The process supporting accountability is continuous improvement.

Several well-defined steps are followed in continuous improvement. These steps form a continuous feedback loop (see Figure 1).

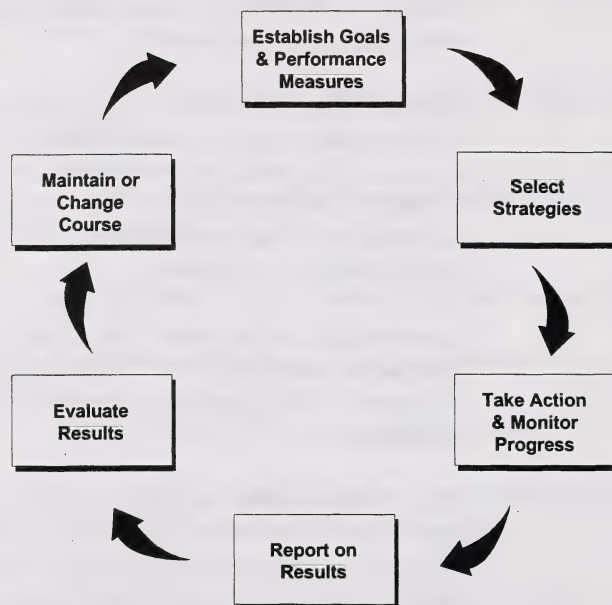


Figure 1

Establish goals and performance measures

Goals and other expectations are set and clearly communicated. Goals and targets (desired level of performance, to be achieved by a specific date) are developed by reference to standards (minimum acceptable performance levels) and benchmarks (comparators). This step includes deciding how progress toward goals will be measured in quantitative terms. It also includes developing the supporting information and reporting mechanisms for tracking and analyzing progress toward goals.

Select strategies

Options for achieving goals are developed and evaluated and strategies are selected. This phase includes identifying who is responsible for carrying out specific strategies and tasks.

Take action and monitor progress

The implementation phase includes doing the work, developing specific policies and procedures, designing programs or services and implementing and managing activities. It also includes collecting performance information to compare actual with planned results.

Report on results

Actual results achieved are reported and compared with planned results. Public reporting of progress towards goals enables Albertans to assess the performance of the health system.

Evaluate results

Results are assessed both by those conferring responsibility and by those charged with the responsibility. This evaluation involves consideration of the circumstances contributing to performance.

Maintain or Change Course

Based on the evaluation of performance and an assessment of current needs, decisions are made regarding whether changes to strategies, measures or even goals are required. Decisions are fed back into the continuous improvement process of setting goals, selecting strategies

and monitoring.

The continuous improvement *process* depicted in Figure 1 applies at all levels of the accountability *structure* -- within Alberta Health, health authorities, facilities and programs, and to individuals working within the health system. In order to improve overall performance, it is expected that targets and some standards may be raised over time.

Mechanisms Supporting Accountability

Many types of mechanisms may be used to ensure accountability in the health system. Such mechanisms are required at the health system, health authority, facility, program and individual levels.

In addition to legislation, some of the major mechanisms supporting health system accountability include: business plans and annual reports, contracts, monitoring, and processes to assure good practice.

Business Plans and Annual Reports

Business plans outline an organization's vision, overall direction and goals while annual reports provide information about performance relative to plans

The Ministry of Health business plan provides the vision and direction for the health system, identifies core businesses, business goals and key performance measures for the Ministry, and outlines the strategies that Alberta Health will implement to achieve its goals. Information about performance, progress toward the goals and areas for improvement is provided in the Ministry of Health annual report.

Using the Ministry business plan as a guide, the Minister provides overall direction to the 17 regional health authorities and two provincial health authorities on preparation of their business plans. The Minister of Health defines business plan goals for all health authorities. These shared goals link the strategies and operations of health authorities with the Ministry plan.

Regional health authorities are expected to ensure that their business plans address the health needs of people in their region. The health authority business plan provides a statement of health authority core businesses and the goals to be achieved. The plan proposes a budget

and indicates how responsibilities will be carried out, and how progress will be measured. The plan also explains how approved and proposed capital projects relate to the rest of the plan.

Once approved by the Minister, the health authority business plan becomes an agreement between the Minister of Health and the health authority on what is to be accomplished and how it will be done.

Health authorities are responsible for carrying out their business plans, reporting on their performance, and explaining any variation between planned and actual performance in an annual report.

Information contained in annual reports and from many other sources helps health authorities and the Minister make decisions about directions for future plans. Business plans and annual reports are key mechanisms supporting continuous improvement in the Alberta health system.

As part of good business practice, health authorities should request business plans and annual reports from the organizations with which they contract.

Contracts

Responsibility and authority may be delegated or transferred from one individual or organization to another through, for example, a contract. A contract establishes legal duties between parties and provides each party with the right to seek legal remedies if the contract is breached. Contracts allow flexibility in tailoring requirements to meet specific needs. The elements underlying effective accountability relationships, discussed on page 8, are usually present in contracts. Contracts are widely used throughout Alberta's health system; health authorities, for example, have contracts with continuing care centre operators, voluntary hospitals and health professionals, among others.

Monitoring

Monitoring mechanisms provide assurance that reasonable levels of service are provided relative to expectations and resources used, and may also be used to monitor outcomes. Performance may be monitored through ongoing or ad hoc processes. Improved methods

of monitoring are needed to ensure that timely information about performance is available and can be used to improve strategies and results throughout the health system.

Processes to Assure Good Practice

Processes to assure good practice include establishment of standards and other expectations and assessment through accreditation or licensing, governance and/or management reviews or audits, peer review, practice audits, and performance evaluation. Such processes can/be applied to organizations, facilities and services, and to individuals at the level of clinical or administrative decision-making.

Regulatory bodies of the health professions license individual health professionals, and may also accredit and license the facilities in which professionals practice.

Remedies to Address Performance Issues

Where performance is not in line with expected results, corrective action may be needed to improve performance. The legislation or contract governing the accountability relationship will, to some extent, determine the kinds of remedies and follow-up actions that are available.

In general, remedies to improve the performance of organizations and individuals include: discussion and negotiation, review and advisory mechanisms, incentives and penalties, and the referral of concerns to third parties for resolution.

With regard to health authorities, the Minister may request:

- ◆ discussions with the health authority board about actions the board could take, and/or
- ◆ peer review (e.g., review by another health authority), and/or
- ◆ external review and advisory mechanisms.

The Minister is also given authority under the Regional Health Authorities Act to take actions ranging from providing direction to removing the board. These powers include:

- ◆ providing directions about priorities and guidelines
- ◆ providing directions to coordinate work with government, private and public institutions
- ◆ amending, or directing the regional health authority to amend, business plans
- ◆ providing financial incentives or penalties, and
- ◆ removing the board and replacing it with an official administrator.

When the Minister considers that it is in the public interest to do so, additional remedies include:

- ◆ providing or arranging for the provision of health services in an area, and
- ◆ any other thing that the Minister considers necessary to promote and ensure provision of health services in Alberta.

ACCOUNTABILITY STRUCTURE: ROLES, RESPONSIBILITIES AND REPORTING RELATIONSHIPS

The structure of accountability -- roles, responsibilities and reporting relationships of the players in Alberta's health system -- is generally based on legislation and principles of common law. Authority to act is established through legislation or common law and may be delegated or transferred through, for example, contracts, subject to constraints in legislation.

The Constitution Act and the legislation maintained by both the federal and Alberta governments provide the foundation for accountability in the health system. Legislation includes statutes and regulations (see definitions in Appendix 1). Legislation also provides the authority for Ministerial orders and directives.

The laws that are enacted by the federal and provincial governments allow delegation of authority and responsibility, and the provision of resources, for the delivery of health services. They define the responsibilities of individuals and organizations and define the limits under which actions can be taken. Occasionally, laws prescribe the administrative processes that organizations and individuals must follow in order to discharge their responsibilities.

Government of Canada

The Constitution empowers the federal and provincial/territorial governments to make laws respecting health services for Canadians. While the Constitution does not confer unilateral authority for "health" on either the federal or provincial/territorial governments, the traditional view is that the provincial/territorial governments are the primary authorities for making laws respecting health services and providing health programs and services within their boundaries. Nevertheless, the federal and provincial governments each deal with aspects of "health" within their jurisdictions.

The federal government is involved in health through specific legislation and the use of its spending power. The key legislation supporting the role of the federal government is the Canada Health

Act. Federal funding to the provinces is provided through the Canada Health and Social Transfer (CHST), a block funding mechanism that supports provincial/territorial delivery of health, advanced education and social services programs.

The Canada Health Act contains five broad principles that are supported by Alberta:

- ◆ public administration
- ◆ comprehensiveness
- ◆ universality
- ◆ portability, and
- ◆ accessibility.

The principles apply to the provision of *medically necessary physician, hospital and surgical-dental services to provincial residents*. The provisions of the Canada Health Act do not apply to the health services provided to workers under a workers' compensation act. In Alberta, health services provided by health authorities, professionals and others to injured workers are funded, and in some cases managed, by the Workers' Compensation Board.

The federal government administers other legislation relating to health and health services (e.g., Food and Drugs Act, Hazardous Products Act). See Appendix 2 for a more complete list of statutes.

The federal government also addresses national health concerns by providing grants to provinces or community groups and by sponsoring health research grant programs. It also manages health services on federal lands and Indian reserves and provides and/or funds specific health services to selected groups of Canadians such as veterans, immigrants and registered Indians.

The Government of Canada is *accountable* to Canadians through Parliament.

Legislative Assembly of Alberta

The Legislative Assembly comprises Members (MLAs) who receive their ongoing authority from, and are *accountable* to, the people of Alberta through elections. MLAs are organized according to their

party affiliations to form the Government of Alberta and Members of the Opposition. MLAs are *accountable* to their political parties and to their constituents.

All of the players in Alberta's health system are subject to the authority of the Legislative Assembly.

Government of Alberta

The Government of Alberta comprises the political executive (the Premier and members of Cabinet) and the Government Caucus (the MLAs of the governing party). The principle of responsible government requires that the political executive of the Government retain the confidence of the Legislative Assembly and Albertans.

The Cabinet and Government Caucus set out the overall business and legislative plan for the Government of Alberta, including establishing goals and other expectations and resources for the health system. It is expected that Ministries will work closely in addressing overall government directions and business plan goals.

The Government of Alberta supports the five principles of the Canada Health Act, and ensures that Alberta's health services comply with the Act. The government funds many health services not covered by the Canada Health Act (e.g., chiropractic services, extended health benefits for seniors and their dependents, home care services, etc.).

The Government of Alberta is *accountable* to the Legislative Assembly and to the people of Alberta.

Minister of Health

The Minister of Health represents the Government of Alberta in putting in place and maintaining a health system which, within available resources and the limits of health science, meets the health needs of Albertans. The Minister's responsibility for the health of Albertans is limited by the role that the health system plays in assuring good health. A wide range of other factors are involved. Income and social status, education, employment and working

conditions, physical environments, genetic endowment, early childhood experiences, and individual lifestyles all play a part.

Overall responsibility for the health status of Albertans is shared by players in the health system, other Ministers, other levels of government, individual Albertans and many others. Where factors outside the influence of the health system are adversely affecting the health of Albertans, the Minister identifies the factors and works with other Ministers to ensure that government policies and services as a whole are contributing to the health of Albertans. The Minister of Health is held ultimately responsible for the overall quality of health services in Alberta and is responsible for reporting to the Legislative Assembly on the health of Albertans.

The Government Organization Act assigns responsibility for various statutes and regulations to the Minister of Health. This Act also establishes the Department of Health to assist the Minister of Health. Most of the powers and duties of the Minister of Health are prescribed by the 27 acts and 73 regulations assigned to the Minister.

The statutes and regulations assigned to the Minister of Health:

- i) provide the Minister with extensive powers and duties respecting the components of the health system, including:
 - ◆ the registration of Albertans in the Alberta Health Care Insurance Plan, including the Extended Health Benefits Program, and the Non-group Blue Cross Plans
 - ◆ the collection of health insurance premiums from Albertans
 - ◆ the payment of benefits to health practitioners under the Alberta Health Care Insurance Plan
 - ◆ ground and air ambulance services
 - ◆ cancer programs
 - ◆ the designation of facilities as approved hospitals
 - ◆ the operation of approved hospitals
 - ◆ the delivery of mental health services
 - ◆ the operation of nursing homes
 - ◆ the provision of drug benefit programs
 - ◆ the provision of community-based health programs (e.g., Alberta Aids to Daily Living and Extended Health Benefits Program), and

- ◆ the protection of the public from communicable diseases and health hazards.
- ii) establish authorities to administer and deliver health services programs:
 - ◆ Regional Health Authorities
 - ◆ Alberta Cancer Board
 - ◆ Provincial Mental Health Advisory Board, and
 - ◆ ABC Benefits Corporation (a non-profit corporation which operates the Alberta Blue Cross Plan).
- iii) establish various agencies, boards, bodies and committees to ensure access to quality health services and hear appeals and
- iv) establish self-governing regulatory bodies for physicians, dentists, registered nurses, optometrists, physical therapists and registered dietitians.

A complete listing of the statutes and regulations administered by the Minister of Health as of May 15, 1998 is contained in Appendix 3.

The Minister of Health has several broad areas of responsibility:

i) Set Direction, Policies and Provincial Standards

The Minister is responsible for setting overall direction, priorities and expectations, including standards, for the provincial health system, within the context of legislation and the Government of Alberta's business plan, established by Cabinet and the Government Caucus. The Minister develops the planning, policy, legislative and standards framework within which health authorities plan and deliver services.

The Minister also provides direction to ensure that the work of regional and provincial health authorities is co-ordinated with government and with other public and private organizations. This co-ordination is necessary to achieve the best health outcomes for Albertans and to avoid duplication of effort and expense. The Minister ensures that the Government of Alberta's commitment to the five principles of the Canada Health Act is met.

The Minister also establishes an accountability framework and supporting processes to ensure overall performance of the health system and to account for results to the public. This includes clarifying the roles, responsibilities, and reporting relationships of players in the Alberta health system.

The Minister ensures that health is considered in the development of public policy. The Minister works closely with other Ministers of the Government of Alberta and other levels of government to promote co-ordination of policies and programs. By advocating a "health" perspective in all public policy, the Minister promotes the Government of Alberta's vision for health and the health system.

ii) Allocate Resources

The Minister is responsible for ensuring that resources are made available to health authorities and health service providers to enable them to perform their responsibilities within the context of available resources.

The Minister has introduced two funding formulas: population-based funding to support regional health services and separate funding for province-wide health services provided through the Capital and Calgary Regional Health Authorities. New approaches to paying for physicians' services are being piloted, which includes the provincial government, the Alberta Medical Association (AMA) and regional health authorities.

The Minister also provides ongoing support to the Alberta Heritage Foundation for Medical Research (for the Health Research Innovation Fund), the Alberta Cancer Board and Alberta's two faculties of medicine. The Minister contracts with the Alberta Heritage Foundation for Medical Research for the establishment of the health research agenda for Alberta, which includes setting priorities for health research grant funding.

Health authority staff authorize benefits under the AADL program. Should these authorizers be directly accountable to the Minister of Health for their impact on AADL resources? If so, how?

iii) Ensure Delivery of Quality Health Services

The Minister ensures that Albertans have access to quality health services according to need. He also ensures that Albertans understand what services are available and where to turn if problems occur. The Minister ensures that emerging issues are examined and new technology is assessed. The Minister, through Alberta Health, directly operates a central communicable disease control program, the Alberta Aids to Daily Living (AADL) program and the air ambulance program. The Minister is responsible for registering Albertans for health insurance benefits and paying fee-for-service practitioners for their services.

The Minister works with the Alberta College of Physicians and Surgeons of Alberta, the Alberta Medical Association (AMA), regional health authorities, universities and others to ensure that Alberta has the appropriate physician resources to meet the health needs of Albertans. This includes education of physicians to attain the correct balance of general practitioners, family physicians and specialists, and distribution issues such as attracting and keeping doctors in rural Alberta.

The Minister meets with officials from the regulatory bodies of the health professions to discuss issues of concern (e.g., quality in the health system).

The Minister also ensures that appropriate processes are in place to resolve the health service concerns of individual Albertans.

iv) Measure and Report on Performance Across the Health System

The Minister monitors the overall health of Albertans and the factors that affect health and assesses the overall performance of the health system. The Minister is responsible for assessing whether the health system has met standards, is making progress toward goals and is effective in keeping Albertans as healthy as possible.

Health system performance is assessed through the review of a wide range of information, including: performance measures and

related data, reports from health authorities, results from evaluation studies and program reviews, and comparative information from other jurisdictions. In some cases, further in-depth analysis of a specific issue may be required, either by the Minister or by a health authority, or both. The evaluation of system performance identifies areas of success, opportunities for improvement and the possible need to re-visit expectations.

Information is a key element of evaluation and accountability. It is required to set realistic expectations, develop useful performance measures and track and assess progress. Some information has to be shared among health stakeholders. The Minister ensures that Albertans' right to privacy is protected while, at the same time, allowing reasonable access to health information to facilitate proper treatment and informed decisions about health services, to research new treatments and to manage the health system. The Minister establishes the overall strategy for information management in the health system. The Minister ensures that health authorities are developing information management systems in a coordinated way to ensure a comprehensive province-wide health information system.

Valid and reliable data on inputs, processes, outputs and outcomes will enable providers and individual Albertans to choose the most appropriate treatment and other services, taking into account both outcomes and costs.

The Minister of Health is *accountable* to the Legislative Assembly and the Government of Alberta.

Alberta Health

Alberta Health exists solely to assist the Minister of Health to perform the responsibilities conferred on him by the Legislative Assembly and to support the Minister in all of his duties.

Within this context, Alberta Health staff are responsible for:

- ◆ making recommendations about health system directions and priorities

- ◆ facilitating the development and implementation of health policies and strategies, including legislation, standards and measures
- ◆ monitoring and assessing population health status
- ◆ monitoring and securing health authorities' compliance with legislation and standards
- ◆ evaluating the performance of the health system
- ◆ making recommendations about health authority business plans and budgets, and providing funds
- ◆ administering the Alberta Health Care Insurance Plan
- ◆ improving the quality and management of health information
- ◆ administering the Alberta Aids to Daily Living , air ambulance, drug benefits and Communicable Disease Control programs.

Through the Deputy Minister of Health, Alberta Health staff are *accountable* to the Minister of Health.

Other Ministers in the Government of Alberta

The legislation and related responsibilities assigned to other Ministers also have an impact on Alberta's health system (a brief list of some relevant statutes is included in Appendix 4).

Some Ministers have responsibilities in areas such as education, the environment, income support, child welfare, workers' health and safety, etc., that can influence health.

In addition, some Ministers administer legislation that may affect the way health services are provided. For example:

- ◆ the Minister of Community Development administers the Protection for Persons in Care Act which is intended to

protect patients and residents in care facilities and requires all individuals to report cases of abuse

- ◆ the Minister of Family and Social Services administers legislation enabling individuals to specify in advance their wishes for health care, in the event of future incapacity, and legislation and programs authorizing the delivery of selected health services to people who otherwise might have limited access to such services (e.g., low income Albertans, severely disabled Albertans, etc.)
- ◆ the Minister of Public Works, Supply and Services administers legislation and programs respecting capital construction of health facilities
- ◆ the Minister of Labour administers legislation respecting some health professions (pharmacists, occupational therapists, etc.) and the Workers' Compensation Act
- ◆ the Minister of Education administers legislation governing Alberta's school system, and develops curricula, programs and materials related to healthy living for elementary and secondary school students,
- ◆ the Minister of Advanced Education administers legislation governing the approval of post-secondary educational programs, including those that prepare health professionals, and
- ◆ the Minister of Municipal Affairs administers legislation governing the delivery of ground ambulance services.

Health, social and environmental issues are complex, often requiring action from several ministries. This need for joint planning and action is recognized through current initiatives related to children's services, seniors and environmental monitoring and impact assessment.

All Ministers are *accountable* to the Legislative Assembly and the Government of Alberta.

Regional Health Authorities

Regional health authorities have responsibilities conferred on them by the Legislative Assembly, primarily through the Regional Health Authorities Act. Regional health authorities also have responsibilities under the Hospitals Act respecting the operation of hospital programs, the Nursing Homes Act respecting the operation of nursing home programs, and the Public Health Act respecting home care and the prevention of communicable diseases and health hazards. Regional health authorities are accountable, through their boards, to the Minister of Health.

Regional health authority boards are responsible for governing their organizations; the board provides vision, direction and leadership to the organization to ensure that its mandate is achieved (Cuff and Associates, 1997)². Health authority boards establish policies and by-laws -- it is the responsibility of management and staff to implement the policies and by-laws developed by the board.

Section 5 of the Regional Health Authorities Act defines the following primary responsibilities of regional health authorities:

- i) promoting and protecting the health of the population in the region and working toward the prevention of disease and injury
- ii) assessing the health needs of people living in the region
- iii) determining priorities for the provision of health services in the region and allocating resources accordingly
- iv) ensuring reasonable access to quality health services is provided in and through the region, and
- v) promoting the provision of health services in a manner that focuses on the needs of individuals and communities and supports integration of services and facilities in the region.

Regional health authorities allocate resources, coordinate and provide

2 George Cuff and Associates. 1997. *A Report on Corporate Governance of Regional Health Authorities in Alberta*. Alberta Health.

services, and are expected to work with each other to improve Alberta's health system. Their responsibility for the health of Albertans living in their regions is limited by the role that the health system plays in assuring good health. Many factors besides health services contribute to health. Where factors outside the health system are contributing to high priority health concerns in a region, the health authority works with other organizations and individuals to address these problems. Overall responsibility for the health status of a health region's residents is shared by the regional health authority, other health system players, the Minister of Health and other Ministers, other levels of government, individual Albertans and many others.

Regional health authorities' responsibilities are carried out through the following activities:

◆ *Conduct Needs Assessments*

Regional health authorities are responsible for planning and delivering services in ways that respond to the unique needs of those who live in each region. To do this, regional health authorities must assess the health needs of communities and residents within their health region.

◆ *Solicit Community Input and Dialogue*

Regional health authorities are responsible for soliciting community input on service expectations, the responsiveness and effectiveness of health services, and the regional delivery system overall. Each region is responsible for establishing at least one community health council to provide a mechanism for public participation in the health system.

◆ *Allocate and Manage Resources*

Regional health authorities are responsible for determining service priorities and for allocating and managing human, capital and financial resources based on regional needs assessments and a provincial framework of legislation and policies. Regional health authorities, like other health system stakeholders, are stewards of public funds and must prudently manage their resources.

◆ *Consult with Other Sectors*

Regional health authorities are responsible for consulting and working closely with other organizations and individuals in the health region (e.g., municipal governments, lodges, ambulance services, schools, Child and Family Service Authorities, Family and Community Support Services, Alberta Alcohol and Drug Abuse Commission, social service agencies, community pharmacies, community physicians, provincial ministries, etc.) in order to improve the health of their regions' residents. Since regional health authorities refer patients to, and receive patients from, other local agencies that provide complementary services, they need to work with these agencies to address common concerns and changes in services.

Regional health authorities must also work with groups such as regulatory bodies and the academic health centres to ensure the authorities' services are of high quality.

◆ *Plan and Deliver Services*

Regional health authorities are responsible for planning and delivering services as specified by the Minister of Health. They must also submit a business plan to the Minister for approval. The business plan is updated annually.

Regional health authorities are responsible for providing health services and planning for the full continuum of health services in conjunction with other health authorities, service providers, other provincial ministries, and local agencies. The Minister has directed health authorities to establish Professional and Technical Advisory Committees, to ensure that the authorities' professional and technical staff have input into decision making, and to establish Physician Liaison Councils to ensure that representatives of the medical profession in each region meet regularly with the health authority to discuss physicians' concerns.

Regional health authorities are responsible for organizing and delivering services in ways that reflect their region's unique characteristics and respond to individual and community needs. Regional health authorities are responsible for providing off-

reserve health services to members of First Nations. Regional health authorities may also provide on-reserve health services, subject to contracts/agreements negotiated with First Nations.

Most health services are provided in each region as close as feasible to where people live. A small group of complex, high tech, high cost, low volume services are provided to all Albertans who need them by the Calgary Regional Health Authority and the Capital Health Authority, by special contract with the Minister of Health. These province-wide services include, among others: organ and bone marrow transplantations, heart surgery and angioplasty, special drug programs, renal dialysis, neurosurgery, and intensive care for severely ill infants and patients with severe trauma or burns.

◆ *Emphasize Wellness*

Regional health authorities are responsible for developing policies and programs which promote good health and emphasize wellness. This includes working with organizations outside the health system to improve health and providing Albertans with information and skills to take greater responsibility for their own health.

◆ *Provide Information*

Should health authorities be responsible for educating their residents about appropriate use of the health system?

Regional health authorities are responsible for providing information to Albertans that allows them to make informed decisions about their health and health services. This includes making information available about the cost and effectiveness of health services as well as about health choices and treatment options.

◆ *Ensure Reasonable Access to Services*

Regional health authorities are responsible for facilitating reasonable access to health services. The service delivery system should ensure Albertans have access to quality health services, based on need; it should also strive for ease of access to services from the client's perspective. This includes developing client-centered approaches, planning for referrals to services in other regions and communicating with residents about how to access

health services and about service eligibility criteria. Expectations about reasonable access will be developed over time through discussions among Alberta Health, regional health authorities and other stakeholders.

◆ *Maintain a Concerns Resolution Process*

Regional health authorities are responsible for establishing a well-publicized process to receive complaints, concerns and questions from the public; this process will ensure that people with concerns about specific treatment problems or general health issues will have a simple and effective appeal route in place. Albertans will still be able to report cases of abuse under the Protection for Persons in Care Act and file complaints with specific provincial bodies such as the Health Facilities Review Committee or the regulatory body of a health profession.

◆ *Monitor, Report on, and Evaluate Services and Regional System Performance*

Regional health authorities are responsible for monitoring and evaluating the health services in their region, including the performance of contracted organizations and contracted health professionals. Performance during the year is monitored through ongoing and ad hoc reporting processes. On a quarterly basis, the Minister requires financial reports from all health authorities.

Authorities submit annual reports to the Minister of Health for approval. Authorities are also responsible for communicating with their residents on results achieved relative to plans.

Information contained in annual reports and from many other sources helps health authorities make decisions about future directions and plans.

To carry out their activities, regional health authorities must provide direction to and work with service providers and health professionals who are directly employed, contracted or privileged (i.e., have been granted hospital privileges) by them. Accountability relationships among these groups are described later in this document.

The Regional Health Authorities Act enables regional health authorities to delegate their powers and duties to a committee of the authority, to any of its employees, officers or agents or to a community health council. Delegation does not alter the regional health authorities' accountability to the Minister and the Legislative Assembly. The power to delegate expands the chain of accountability for decisions made under the auspices of regional health authorities.

The Regional Health Authorities Act also enables regional health authorities to establish subsidiary health corporations. These are corporations directly or indirectly controlled by a regional health authority and accountable to the authority that established them.

Regional health authorities are *accountable* to the Minister of Health. While they have responsibilities to their clients, staff, community members and others, regional health authorities are not accountable to any of these individuals or groups. Regional health authorities are, however, *accountable* to the Minister of Health for how they deal with clients and others. Within this context, health authorities are *answerable* to clients, residents and others; they are obliged to provide information and explanation to such individuals or groups, when requested.

Community Health Councils

Each regional health authority is responsible for establishing at least one community health council. These councils are to take an active role in the affairs of the authorities, and usually act in advisory capacities to the authorities. Community health councils have a variety of responsibilities, determined by the authorities, such as gathering information and public input, providing advice to the regional health authority about health issues, needs and priorities, promoting community health activities, or providing health services.

Community health councils are *accountable* to the regional health authorities that established them. Summaries of their activities must be included in regional health authority business plans and annual reports.

Provincial Health Authorities

The Provincial Mental Health Advisory Board and the Alberta Cancer Board are provincial health authorities established under statute to provide specific health services to Albertans on a province-wide basis. Provincial health authorities help to ensure that high quality cancer services and mental health services are planned and delivered on a consistent, standardized basis throughout the province. They must work closely with regional health authorities and health professionals to ensure that Albertans have access to coordinated health services.

Provincial Mental Health Advisory Board

The Provincial Mental Health Advisory Board: assesses the mental health of Albertans; determines priorities in the provision of mental health services; allocates resources; delivers and coordinates delivery of mental health services; and, carries out and promotes research. The Board advises the Minister and regional health authorities about mental health service delivery and the needs of the mentally ill. These responsibilities are outlined in the Provincial Mental Health Advisory Board regulation pursuant to the Regional Health Authorities Act. The Board is *accountable* to the Minister of Health.

The Provincial Mental Health Advisory Board delivers mental health services through community clinics, contracted agencies, Claesholm and Raymond Care Centres and Alberta Hospitals Edmonton and Ponoka (mental health services are also delivered by regional health authorities in hospitals designated under the Mental Health Act). The Board also provides forensic psychiatry services for Alberta, the Yukon and Northwest Territories and the federal government, and maintains strong linkages with Alberta Justice and the Courts.

It is anticipated that some community mental health services (community mental health clinics and funded agencies) will be integrated with health services provided by regional health authorities under a contractual arrangement with the Board. The Board will continue to operate the remaining community services.

The Board and regional health authorities have a shared responsibility for ensuring that Albertans have access to high

quality, coordinated mental health services.

Alberta Cancer Board

In accordance with the Cancer Programs Act, the Alberta Cancer Board is responsible for establishing and operating provincial cancer hospitals and outpatient facilities for the prevention, detection and diagnosis of cancer, the treatment and care of cancer patients, and cancer research. The Board is *accountable* to the Minister of Health.

The Alberta Cancer Board provides cancer treatment and coordinates provincial cancer services through collaboration with regional health authorities (in some cases, regional health authorities also provide screening and treatment services for cancer patients, and some radiologists and surgeons unaffiliated with the Board diagnose and treat cancer patients while practicing in regional health authority facilities). The Board has established a number of outpatient cancer clinics in regional health authority facilities. The Board has developed the Community Cancer Network to link its cancer centres with regional and community facilities and programs, and operates the Alberta Program for Early Detection of Breast Cancer.

The Alberta Cancer Board has recently established northern and southern councils with regional health authorities to enhance communication and the coordination of cancer services in Alberta.

The Board is mandated to conduct and promote cancer research. Its research program encompasses basic, clinical, behavioural and epidemiological research which supports the provision of patient care. The Board also operates the Cancer Registry which supports surveillance and monitoring, the development of effective cancer screening programs and the implementation of validated prevention strategies.

The Board and regional health authorities have a shared responsibility for ensuring that Albertans receive accessible, high quality, coordinated cancer treatment.

Regulatory Bodies of Health Professions

The regulatory bodies of the health professions are statutory bodies established under the authority of the Legislative Assembly. Regulatory bodies are self-governing, but are subject to laws passed by the Legislative Assembly. The privilege of self-governance is only delegated to professions when the public interest is served by doing so, and when the advantages clearly outweigh the disadvantages.

The self-governing nature of the professions has significant historical precedent in western nations. The principle underlying self-governance is that professions make a "pact" with the state. In return for the privilege of self-governance, the professions ensure that the public can trust the professionals they consult (M. Stacey, 1995)³.

The regulatory bodies of the health professions along with health authorities and the Government of Alberta are jointly responsible for ensuring quality in Alberta's health system. Regulatory bodies ensure that all health professionals, regardless of how they are funded, meet established or acceptable standards for competence and conduct, including ethical conduct. They help to standardize the quality of professional practice across the province.

There are 29 regulated health professions in Alberta (see Appendix 5 for a complete list). Regulatory bodies that support the health system include, among others:

- ◆ Alberta Association of Registered Nurses
- ◆ Alberta Association of Registered Occupational Therapists
- ◆ Alberta College of Optometry
- ◆ Alberta Dental Association
- ◆ Alberta Pharmaceutical Association
- ◆ Alberta Registered Dietitians' Association
- ◆ College of Alberta Psychologists
- ◆ College of Chiropractors of Alberta

3 Margaret Stacey. 1995. *Whistleblowing in the Health Service: Accountability, Law and Professional Practice*. Edited by Geoffrey Hunt. Hodder-Headline PLC. London, Great Britain.

- ◆ College of Physicians and Surgeons of Alberta
- ◆ College of Physical Therapists of Alberta, and
- ◆ Registered Psychiatric Nurses Association of Alberta.

Regulatory bodies provide a number of functions including:

- ◆ peer review of members
- ◆ setting minimum education and competence requirements for registration of members
- ◆ setting minimum competence standards for ongoing practice and conduct, which may include accrediting private facilities
- ◆ undertaking disciplinary processes for members who contravene the profession's standards.

Regulatory bodies also provide advice to the Minister, Legislative Assembly and other public bodies regarding health and health system issues.

While some regulatory bodies negotiate service and fee schedules for members, these kinds of negotiations are usually conducted by other groups (e.g., the AMA, labour unions representing professional employees). The Final Report of the Workforce Rebalancing Committee (1995) recommended that clear structural separation be maintained between the regulatory and economic functions of professions (i.e., two different organizations should represent a profession for regulatory and economic issues). If this is not feasible, the Committee recommended that professions adopt a clear functional separation within the organization for regulatory and economic functions.

Most regulatory bodies of the health professions are required to submit annual reports to the Minister of Health or the Minister of Labour; these reports are normally tabled in the Legislative Assembly. As self-governing organizations, regulatory bodies are *answerable* to their respective Minister and to the Legislative Assembly.

The Health Professions Act Implementation Steering Committee, established by the Minister of Health and the Minister of Labour, is currently overseeing the development of a single Health Professions Act and will address issues concerning the

accountability of health professionals and their regulatory bodies.

The Minister of Health and the Standing Policy Committee on Health Planning have approved policy direction for the proposed Health Professions Act, Bill 45, which was introduced in the Legislative Assembly in the spring session of 1998. The bill contains provisions to improve the professions' operations and disciplinary processes and to ensure that regulatory bodies act in the public interest. Some of the proposed measures include: requiring governing councils of the professions to have public members; requiring continuing competency programs; requiring most disciplinary hearings to be open to the public; and, giving the Provincial Ombudsman authority to determine administrative fairness in the professions' decision making.

Health Professionals

Health professionals have many important responsibilities -- they provide advice, care and treatment to their patients, educate their patients and represent and act in their patients' interests. To ensure they provide care of high quality, health professionals should use an evidence-based approach which combines relevant research results with clinical expertise to determine the best course of action for patient care. Health professionals are *accountable* to their respective regulatory bodies for their ongoing practice, including competence and conduct, and to their employers for the quality of services they deliver.

Relationships between health professionals and clients do not meet the requirements of a formal accountability relationship as discussed in this document; patients do not, for example, establish performance expectations for their providers or apply sanctions. Rather, the "lines of accountability run through professional discipline and legal redress: the consumer may invoke these institutions but there is no obligation to justify actions, backed by sanctions" (Rudolf Klein, 1993)⁴.

Health professionals have significant responsibilities for their patients

4 Rudolf Klein. 1993. *An Anatomy of Accountability*. Paper presented at CHEPA's 6th Annual Health Policy Conference.

and are *answerable* to them: they are obliged to provide appropriate information and explanation to patients. Health professionals, like all individuals, may be liable for injuries caused by wrongdoing, poor judgement or negligence, but potential liability does not necessarily imply an accountability relationship.

Many informal expectations are placed on health professionals. The public has expectations of health professionals, and health professionals have expectations of each other. These informal expectations form an array of moral, ethical and professional obligations and traditions that bind the various health professions to each other and create loyalties and trust between health professional and patient. Such expectations are essential to the functioning of health programs and services. They cannot be quantified and do not fit easily within the structure and process of accountability discussed here.

Health professionals working in Alberta's publicly funded health system can be classified into two broad categories:

- ◆ health professionals paid by health authorities through employment or service contracts, and
- ◆ private practice health professionals funded by the Alberta Health Care Insurance Plan.

Some health professionals are compensated for their services through a combination of these two methods. Others, depending upon the service being offered to the client, are compensated through a combination of public and private payers. Some health professionals may pursue a practice completely outside of Alberta's publicly funded health system and rely exclusively on private funds.

Are stronger linkages between health authorities and regulatory bodies needed to ensure the ongoing competence and appropriate conduct of health professionals employed by health authorities?

Professionals Paid by Health Authorities Through Employment or Service Contracts

Regional and provincial health authorities employ or contract with many health professionals and other service providers to provide health programs and services to Albertans. Some of these professionals include: physicians, registered nurses, registered psychiatric nurses, pharmacists, physiotherapists,

Some professionals employed by health authorities have a direct impact on resources administered by the Minister (e.g. AADL). What type of relationship should be in place between these individual health professionals and the Minister?

dietitians, respiratory therapists, medical radiation technologists, licensed practical nurses, medical laboratory technologists, social workers, etc. Some of the professionals employed or contracted by the health authorities are represented by labour unions or other associations in contract negotiations; others negotiate contracts with an authority on an individual basis.

Health professionals employed or contracted by health authorities are under the direction of the health authorities and are *accountable* to them for resource utilization and the quality of services they provide to clients. These individuals must report to the authorities according to the by-laws, policies and procedures of the authorities and any other provisions of relevant labour contracts. These health professionals are also *accountable* to their respective regulatory bodies for the quality of their professional practice when providing services to clients. The health authorities are *accountable* to the Minister for the services provided by the professionals under their direction.

Professionals Funded by the Alberta Health Care Insurance Plan

The Alberta Health Care Insurance Act details what services Albertans are eligible for under the Alberta Health Care Insurance Plan and how practitioners are compensated for providing those services. The Plan is operated in compliance with the principles of the Canada Health Act, but also provides for additional services not included in that Act.

Albertans enrolled in the Alberta Health Care Insurance Plan can access "basic health services" when they need them, subject to limits established in the regulations. "Basic health services" are defined as medically necessary services provided by physicians or dental surgeons, as well as services provided by optometrists, chiropractors and podiatrists. All medically necessary services that Albertans obtain from physicians and dental surgeons are publicly funded, regardless of where the services are provided (hospitals, clinics, private offices). In accordance with the Canada Health Act, extra-billing of clients or charging of facility fees by physicians and dental surgeons for medically necessary services is prohibited.

Albertans may also access optometrists, chiropractors and podiatrists for non-medically necessary "basic health services" when required; the Plan only funds these practitioners up to the limits prescribed for individual clients in the regulations. If the services provided by an optometrist, chiropractor and podiatrist exceed these costs, then the practitioner must be paid by the client or a third party for the excess costs. Since non-medically necessary "basic health services" are not considered "insured services" under the Canada Health Act, individuals may be charged for a portion of these services.

Seniors, widows and their dependents may also access additional health services, or "extended health services", from dental surgeons, dental mechanics, optometrists and opticians. The Plan funds practitioners for "extended health services" up to the financial limits prescribed for individual clients in the regulations. If the services provided by these practitioners exceed these costs, then the excess costs must be covered by the client or a third party. Since "extended health services" are not considered "insured services" under the Canada Health Act, individuals may be charged for a portion of these services.

The Government determines the total funds available in the Alberta Health Care Insurance Plan. The Minister of Health sets the fees for some practitioners under the Plan in consultation with the associations representing the practitioners (e.g., Alberta Dental Association). In other cases, subject to a contract with the Minister, an association representing practitioners may manage AHCIP funds on behalf of the Minister and set its own fee levels (e.g., AMA). Such contracts tend to expand the chain of accountability and make it difficult to hold individuals accountable for their use of resources.

The Minister pays practitioners on a fee-for-service basis as they submit their billings. The Minister is *accountable* to the Legislative Assembly for ensuring that funds are used appropriately for their intended purpose.

The practitioners that receive funds do not formally report to the Minister, the regional health authorities or other bodies, such as the AMA, to rationalize the services they provide according to results achieved, relative to results expected; consequently, they are not

accountable for the resources they receive from the Plan. They are, however, *answerable* to the Minister for their claims, which may be audited.

Physicians who practice on a fee-for-service basis can be further classified into two groups: those with hospital privileges and those without. The next two sections consider these groups.

Physicians with Hospital Privileges

Health authorities that operate hospitals must establish medical staff by-laws outlining the procedures for physicians to obtain and maintain hospital privileges and the rules respecting the duties of the medical staff (physicians with hospital privileges are part of the medical staff of the hospital). These by-laws must be approved by the Minister.

Only physicians who have hospital privileges may admit and treat patients in the hospital. In this way, medical staff physicians are the “gatekeepers” to the hospital programs operated by health authorities.

Should all medical staff be required to work with their authority to manage the use of health resources?

Do medical staff by-laws need to be revised to improve medical staff accountability to regional health authorities?

Medical staff physicians admit patients, treat and refer patients to other professionals employed or contracted by the hospital, order laboratory and diagnostic tests, and significantly impact the use of hospital and thus, regional health authority, resources.

The medical staff by-laws may help the health authority to manage its hospital programs and resources and help ensure that the health authority is *accountable* to the Minister for its hospital resources. These by-laws help to maintain some medical staff accountability to the health authority for the quality of services because the by-laws contain expectations, and reporting and evaluation procedures for medical staff members. These by-laws sometimes include peer review of clinical and academic performance, competency, continuing medical education and conduct, and in some cases, resource utilization. Generally, the impact of the by-laws on utilization of hospital resources is indirect.

Should community physicians be accountable to health authorities for their impact on health authority resources? If so, how?

Should health authorities be required to develop regional medical staff by-laws and privileges which would apply to all physicians using health authority resources?

Physicians without Hospital Privileges

Many fee-for-service physicians who practice in a health region, and are funded by the Alberta Health Care Insurance Plan, may not have hospital privileges. Fee-for-service physicians without hospital privileges may still refer clients to the health authority for services and order tests from the health authority (e.g., laboratory and diagnostic tests). As points of entry to the health system, these physicians significantly impact the use of health authority resources.

Unlike the physicians on the medical staff of a hospital, fee-for-service physicians without hospital privileges are not accountable to the health authority. Current legislation is silent on the accountability of private practice physicians and their utilization of health authority community and ambulatory care resources. The lack of formal accountability mechanisms between private practice physicians and health authorities reduces the accountability of health authorities to the Minister because the authorities do not have all of the necessary tools in place to manage their resources.

These issues have arisen from:

- ◆ the transfer of the former Alberta Health Care Insurance Plan laboratory services budget to the health authorities
- ◆ a shift from hospital-based services to community-based ambulatory health services, and
- ◆ the continuation of the Alberta Health Care Insurance Plan budget as a separate funding pool, primarily for physicians, administered by the Minister of Health and the Alberta Medical Association, while the remainder of health resources are administered by the health authorities.

Increased Scope

As the roles of certain non-physician health professionals are expanded, they may, like physicians, function as points of entry for clients requiring access to regional health authority resources in hospitals and community programs (e.g., some non-physician practitioners may order diagnostic tests). Some non-physician health professionals that could, and in some cases already do, fill this role

include registered nurses providing extended health services, midwives, optometrists, chiropractors, dentists, physiotherapists, podiatrists, etc.

The Hospitals Act has been amended to allow non-physician health professionals access to hospital facilities, subject to the terms and conditions of by-laws or contracts (this amendment has not yet been proclaimed). Such by-laws or contracts may help to maintain some accountability if they contain provisions respecting performance expectations, reporting, evaluation procedures, etc.

If a privately funded health professional (e.g. chiropractor) impacts a health authority's resources, should he/she be accountable to the health authority? If so, how and for what?

Health authorities are responsible for finding the right mix of physician and non-physician professionals to meet the health needs of their regions, taking into account the knowledge, skills and costs of different professionals.

Non-physician health professionals engaged in private practice are in a similar position to fee-for-service physicians without hospital privileges: currently there is no requirement that these groups be accountable to health authorities if they access health authority resources.

Health Foundations

Health foundations are not-for-profit entities established for charitable fund-raising for health purposes. Health foundations can be set up to benefit health programs or facilities in communities, health regions or the province.

Over 60 health foundations currently operate in Alberta, under eight different pieces of legislation.

Should the legislation governing health foundations be standardized? What should the role of the Minister of Health be with regard to health foundations? Should health foundations be accountable to health authorities?

Under this patchwork of legislation, relationships between the foundations, the Minister of Health and the health authorities vary considerably. All health foundations are answerable, but not accountable, to the Minister. Some foundations are accountable to health authorities while others operate independently of the health authorities. In such cases, conflicts may arise between the strategies of a health authority and an independent health foundation.

The Minister does not establish expectations for foundations or take action to improve their performance. Foundations do not submit business plans. Health foundations provide audited financial statements on an annual basis to the Minister, and they may be dissolved by the Minister if they contravene their founding legislation, by-laws or articles of incorporation. The Auditor General has recommended that the accountability relationship between independent foundations and health authorities be clarified.

Organizations Contracted by Regional Health Authorities to Provide Patient Care

Voluntary Hospitals and Long Term Care Facilities

Voluntary hospitals and long term care facilities (i.e. auxiliary hospitals and nursing homes) are owned by non-profit groups, often religious organizations. Regional health authorities may operate a voluntary facility on a contractual basis with the owner, or the owner may operate its facility according to a contract negotiated with the regional health authority.

Voluntary hospitals must be operated subject to the provisions of the Hospitals Act. Voluntary long term care facilities must be operated subject to the Hospitals Act or Nursing Homes Act. All voluntary facilities are governed by their own boards, not by regional health authorities.

What can be done to clarify and enhance the accountability of voluntary facilities to health authorities?

Is the over-arching agreement between the Minister and the association representing voluntary facilities still required?

In 1994, when Alberta's health system was regionalized, the former district and provincial hospital boards were disestablished and replaced by regional health authorities. At this time, the Minister of Health signed an over-arching agreement with the association representing voluntary facilities. This agreement includes principles for the continuing ownership and operation of all voluntary health facilities and programs in the regionalized health care system. This agreement provides the overall context for contracts between regional health authorities and voluntary facilities. Among other provisions, the over-arching agreement:

- ◆ ensures that owners of a voluntary facility may determine

the mission, values, and ethical principles for the facility

- ◆ ensures that the owners of the voluntary facility may appoint the governing board and select the CEO for the facility
- ◆ ensures that the board of the voluntary facility cooperates with the health authority in initiatives to plan and deliver health services.

The boards of voluntary hospitals and long term care facilities are *accountable* to the health authorities with whom a contract is in place. They are also accountable to the owners of the facilities.

Private Nursing Homes

Private nursing homes are for-profit organizations operated by private individuals or corporations. Regional health authorities may contract with private nursing homes to provide services. Private nursing homes must be operated subject to provisions of the Nursing Homes Act.

Private nursing homes are governed by their owners. Private nursing home operators are *accountable* to their owners and to the health authorities with whom a contract is in place.

Others Contracting with Health Authorities

Health authorities contract with a variety of other individuals and organizations to provide health products and services to Albertans. These include: medically necessary services (e.g., ophthalmological services), community rehabilitation services (e.g., physiotherapy), continuing care services (e.g., personal care, homemaking, nursing services), medical supplies etc. Health care organizations and providers delivering these kinds of services are *accountable* to the health authorities with whom a contract is in place. Privately owned organizations under contract with a health authority are also *accountable* to their owners.

Other Organizations

Advisory and Appeals Bodies

To assist the Minister, a number of advisory and appeal bodies have been established under statute, regulation or Ministerial Order. These organizations are listed in Figure 2.

Most of these bodies provide technical advice and expertise to the Minister on specific health issues. Several provide services to, or help to resolve the concerns of, health system clients and service providers. The mandates of these groups are outlined in Appendix 6.

Some changes to the responsibilities of these appeal or review bodies may occur as a result of the development of a consistent regional and provincial concerns resolution process.

Figure 2

Advisory Boards/Committees	Appeal Boards/Panels/Bodies
<ul style="list-style-type: none"> ◆ Provincial Health Council ◆ Incentive Payments Steering Committee; ◆ Management Committee for the Northern River Basins Human Health Monitoring Program ◆ Rural Physician Action Plan Co-ordinating Committee ◆ Ambulance Advisory and Appeal Board ◆ Public Health Advisory and Appeal Board ◆ Province Wide Services Advisory Committee ◆ Population Based Funding Implementation Committee ◆ Out-of-Country Health Services Committee ◆ Senior Reference Committee (for information technology) ◆ Technical Co-ordinating Group (for information technology) ◆ Long Term Care Review Policy Advisory Committee ◆ Advisory Committee on the Usage of Blood, Blood Products and their Alternatives in Alberta ◆ Health Information Protection Act Steering Committee ◆ MRI/CT Diagnostic Imaging Provincial Task Force 	<ul style="list-style-type: none"> ◆ Health Facilities Review Committee ◆ Alberta Aids to Daily Living and Extended Health Benefits Appeal Panels ◆ Ambulance Advisory and Appeal Board (also an advisory board) ◆ Calgary Mental Health Review Panel ◆ Edmonton Mental Health Review Panel ◆ Ponoka Mental Health Review Panel ◆ Hospital Privileges Appeal Board ◆ Out-of-Country Health Services Appeal Panel ◆ Public Health Advisory and Appeal Board (also an advisory board) ◆ Mental Health Patient Advocate

Provincial Health Council

The Provincial Health Council of Alberta was established with a broad mandate to provide independent monitoring of the overall performance of the health system. Improving accountability is a key goal of the Council.

The Council is *accountable* to the Minister of Health. The Council provides comment to the Minister and to the Legislative Assembly regarding the performance of Alberta's health system and the health status of Albertans relative to the province's health goals, the Alberta Health multi-year business plan, and the regional health authority business plans. The Council reviews Alberta Health's business plan and advises the Minister regarding:

- ◆ the success of the health system in achieving health goals
- ◆ strengths and areas needing attention
- ◆ the adequacy of performance measures, and
- ◆ the need for additional performance measures.

In addition, the Council acts as a resource on request of the Minister in reviewing health policy issues from a provincial perspective, and in reviewing and making recommendations regarding matters affecting regional delivery of services. The Provincial Health Council's annual review of the health system provides independent recommendations that may influence operations of the Ministry and health authorities.

Should the role of the Alberta Health Facilities Review Committee be expanded to include the review of non-institutional health programs? Should this function be carried out by another party?

Alberta Health Facilities Review Committee

The Alberta Health Facilities Review Committee is established under statute and is *accountable* to the Minister. It carries out inspections of health facilities and investigates patient complaints respecting the care and treatment of patients and the standards of accommodation in approved hospitals under the Hospitals Act, nursing homes defined by the Nursing Homes Act and hospitals under the jurisdiction of a provincial health board under the Regional Health Authorities Act.

ABC Benefits Corporation

The ABC Benefits Corporation, formerly known as the Board of Trustees of the Alberta Blue Cross Plan and operated by the former

Alberta Hospital Association, is a not-for-profit corporation established under statute to:

- ◆ provide programs and services to improve the health and well-being of Albertans and other customers
- ◆ provide supplementary health benefit programs, and
- ◆ operate the Alberta Blue Cross Plan.

ABC Benefits Corporation is governed by a board of directors, and administers three non-group supplementary health insurance plans on behalf of the Minister of Health (ABC Benefits Corporation also administers drug, optical and ambulance benefits on behalf of the Minister of Family and Social Services to low income Albertans). Through a contract, the Minister provides funds to the Corporation for the non-group plans. The non-group plans are for seniors and their dependents, for widow(er)s and their dependents, and for Albertans under the age of 65 who pay Alberta Blue Cross premiums. Health benefits in the non-group plans include, among others, prescription medications, ambulance services, and home nursing care.

The Minister has established a drug review process for the Alberta Blue Cross non-group plans. The Alberta Health Drug Benefit List (AHDBL) defines the drugs and drug products that are covered by the government-sponsored non-group plans.

The ABC Benefits Corporation is *accountable* to the Minister of Health for the non-group plans.

Academic Health Centres

How can the key functions of academic health centres for clinical service, teaching and research be appropriately balanced and properly resourced? Is the current governance model for academic health centres appropriate?

Alberta's academic health centres include university faculties of health sciences and affiliated hospitals and are located in Edmonton and Calgary.

Academic health centres:

- ◆ provide clinical services to patients in a teaching and research environment
- ◆ educate medical students and residents, and other health sciences students

How can the linkages between the academic health centres and health authorities be improved? Should all health authorities be affiliated with academic centres?

- ◆ provide continuing education for others, and
- ◆ carry out research.

Activities of the academic health centres are financed by a variety of sources (universities, regional health authorities, Alberta Health, Alberta Heritage Foundation for Medical Research, Medical Research Council of Canada, etc.). Academic health centres have multiple accountabilities to their different funding sources. Staff of the academic health centres are *accountable* to their individual funding sources, regulatory bodies and governing bodies.

Alberta Medical Association

The AMA, representing physicians, and the Minister jointly administer the AHCIP budget for physicians, subject to an agreement negotiated between them. In the new agreement (1998), the AMA is *accountable* to the Minister for the overall funds allocated for physician services; individual physicians are *answerable* to the administrators of the plan for their billings. The AMA is *accountable* to its members for its negotiations with the Minister of Health.

Among other things, the new agreement:

Should individual fee-for-service physicians be accountable to the AMA and to the Minister for the AHCIP resources they use? If so, how?

- ◆ continues the current fee-for-service payment system, but enables physicians to choose alternative methods of payment for their services
- ◆ provides for the examination of new approaches to the delivery and payment of diagnostic imaging
- ◆ provides for accelerating and streamlining the development and implementation of clinical practice guidelines, and
- ◆ provides for a "hard cap" on the AHCIP budget and establishes a default price adjustment mechanism to ensure that total expenditures remain within the agreed budget.

Ambulance Operators

- i) Ground Ambulance Operators

Ground ambulance services are provided to Albertans under the jurisdiction of local municipal governments. The Municipal Government Act enables municipal governments to:

- ♦ provide ambulance services in the municipality
- ♦ establish the boundaries within which the ambulance service will operate
- ♦ determine the level of service to be provided, and
- ♦ set ambulance rates (for non-government sponsored programs).

Although ground ambulance services are not considered “insured services” under the Canada Health Act, ambulances used for inter-hospital transfers are funded by the provincial government. Health authorities negotiate contracts and fees with local ambulance operators for inter-hospital transfers.

The Minister of Health is responsible for regulating the quality of ground ambulance services by setting standards for ambulance operators (personnel, vehicles and equipment), licensing ambulance operators, maintaining a registry of ambulance operators, and ensuring that operators comply with the standards.

How can the linkages between ground ambulance operators and regional health authorities be improved?

Ground ambulance operators must work closely with health authorities to ensure that high quality pre-hospital care is provided in the municipality. The Ground Ambulance Services Task Force (an advisory committee to the Minister) recommended that Regional Ambulance Service Committees be established to enhance collaboration among regional health authorities, municipalities and medical professionals to improve regional ambulance services.

Ground ambulance operators are *accountable* to municipal governments and to the Minister of Health (for quality of services).

Should the air ambulance program be operated by the Minister of Health or placed under the jurisdiction of a health authority, like other province-wide health services?

ii) Air Ambulance Operators

The Minister of Health operates and funds Alberta's air ambulance program through contracts with ambulance operators (for the medical crew), aircraft operators and dispatch centres; they are *accountable* to the Minister for the services they provide. The ambulance and aircraft operators and dispatch centres must work closely with Alberta Health, ground ambulance operators and regional health

authorities to ensure that air ambulance services are co-ordinated with ground ambulances and regional health care facilities.

Community Pharmacies

Community pharmacies supply medication and other health remedies to Albertans on a retail basis and are licensed by the Alberta Pharmaceutical Association. Community pharmacies employ pharmacists to dispense medication, advise customers about the medication, monitor drug therapy and assist in assessing and discussing health outcomes. Physicians, dentists, podiatrists and others prescribe drugs to patients.

Albertans receive drugs free of charge if they:

- ◆ are in-patients at a hospital
- ◆ are enrolled in a special drug program
- ◆ are residents of continuing care centres, or
- ◆ require treatment for specific communicable diseases under the Public Health Act.

How can the linkages between community pharmacies and regional health authorities be improved? How can the linkages be improved between the individuals who prescribe medications and the pharmacists who dispense them?

Other drug prescriptions are filled by community pharmacies, and individuals are charged for these drugs.

Community pharmacists work closely with regional health authorities, physicians and other practitioners. As community health services expand, the need to co-ordinate the services of community pharmacies with those provided by health authorities will grow.

Like other health professionals, pharmacists have significant responsibilities for their clients and are *answerable* to them. Pharmacists and the proprietors of community pharmacies are *accountable* to the Alberta Pharmaceutical Association for the practice of pharmacy.

Private Companies Selling Health Insurance Contracts

Private companies selling health insurance contracts are *accountable* to their clients, in accordance with their contract,

and to their shareholders. These companies are not accountable to the Minister of Health.

Private Hospitals

There are no private hospitals in Alberta -- no facilities provide privately-funded, medically necessary services on an in-patient basis outside of the Canada Health Act. Private medical and diagnostic treatment centres exist in the province to provide out-patient services, but they may only offer:

- ◆ health services to individuals under the Workers' Compensation Act (i.e. these services are funded by the Workers' Compensation Board)
- ◆ non-medically necessary services to individuals on a privately funded basis, and
- ◆ medically necessary services to individuals enrolled under the Alberta Health Care Insurance Plan if the facility is under contract with a regional health authority.

Current legislation:

- ◆ prohibits a facility from calling itself a "hospital" unless the Minister designates it as a hospital, and
- ◆ requires a facility providing medical diagnostic and treatment services to be accredited by the College of Physicians and Surgeons of Alberta before physicians may practice in it.

In the 1998 spring session of the Legislative Assembly, Bill 37 was introduced to prohibit private health facilities from providing medically necessary in-patient services unless they obtain prior approval from both the College of Physicians and Surgeons of Alberta and the Minister of Health. Amendments to Bill 37 will be introduced in the 1998 fall session of the Legislative Assembly to clarify these restrictions.

Ombudsman

The Ombudsman is established under statute and reports directly to the Legislative Assembly. In response to the concerns raised by individual Albertans, the Ombudsman investigates administrative decisions made by government departments and agencies. The Ombudsman currently does not have the authority to investigate decisions made by regional health authorities, the Provincial Mental Health Advisory Board, the Alberta Cancer Board, the Hospital Privileges Appeal Board, the Mental Health Patient Advocate or the regulatory bodies of the health professions.

As part of a new concerns resolution process for the health system and health professions, the role of the Provincial Ombudsman will be expanded to permit the review of concerns raised by individual Albertans relating to due process and administrative fairness in the decisions of health authorities and health appeal and regulatory bodies.

Auditor General

The Auditor General is established under statute and reports directly to the Legislative Assembly. The Auditor General plays a key role in providing independent accountability information on all government ministries, departments and agencies.

The Auditor General is the auditor of Alberta Health, the Provincial Mental Health Advisory Board and the Alberta Cancer Board. The Auditor General may also be appointed, by regional health authorities or the Minister of Health, as the auditor of regional health authorities, community health councils (if incorporated) and subsidiary corporations of regional health authorities. The Auditor General currently audits nine regional health authorities. If the Auditor General is not the auditor of regional health authorities, community health councils (if incorporated) and subsidiary corporations of regional health authorities, then the auditors of these bodies must give the Auditor General a copy of the findings, recommendations and all audited financial information respecting the body in question.

The Auditor General is responsible for providing the public with assurances that financial reporting by the Ministry of Health, and the

overall health system, is credible. The Auditor General's annual review of the Ministry of Health and the health system also provides independent recommendations that may influence operations of the Ministry and health authorities.

The Auditor General also assists the Minister of Health in developing performance measurement criteria and reporting systems to meet accountability requirements.

Individual Albertans

Individual Albertans are responsible for their own and their family's health by maintaining healthy behaviors and lifestyles, and by keeping informed on environmental, social and economic factors that may affect health. Individual Albertans have the right to make their own health decisions in consultation with a variety of health providers. They also have a right to health information to help them make the best decisions. With new legislation, individual Albertans have the right to expect that the privacy of their personal health records will be protected.

Individual Albertans also have an obligation to use the health system in a responsible manner; this includes:

- ◆ assisting health professionals by providing relevant information about their health
- ◆ educating themselves about available health services and using such services appropriately
- ◆ following instructions when obtaining diagnostic and treatment services; this includes, for example, completing any course of prescribed drug therapy (unless otherwise instructed by the individual's health provider), and
- ◆ registering with the Alberta Health Care Insurance Plan and paying premiums.

Albertans who have concerns about the health system have a variety of channels for raising these concerns. These include the health authorities, regulatory bodies of professions, specific appeal bodies,

the Minister, etc., depending on the specific concern.

The identification and resolution of concerns is a significant component of health system accountability. The Minister of Health recently announced an initiative to simplify and coordinate mechanisms for resolving Albertans' concerns about the health system. Health authorities are now expected to have a well-publicized process in place to receive complaints, concerns and questions from the public.

An individual who is not satisfied with the action taken by a health authority, profession or other appeals body about a concern will be able to take his or her complaint to the Provincial Ombudsman; the Ombudsman will carry out reviews to ensure that due process and administrative fairness has been followed. If an issue remains unresolved, it can be brought forward by the Provincial Ombudsman to the Minister.

Additional Players

Some players who significantly influence the health system, both in terms of cost and quality, have "created" themselves (e.g. labour unions, consumer organizations such as the Palliative Care Association or the Canadian Mental Health Association, among others). These bodies are not under the direction of the Government of Alberta or the regulatory bodies of the professions. Although these organizations will not be considered in an accountability framework at this time, their impact and influence on the performance of the health system may be examined as work to improve health system accountability and performance continues.

Responsibilities of Key Health Players

Figure 3 summarizes the primary responsibilities for which key health players are accountable. Members of the Legislative Assembly are *accountable* to the people of Alberta. The Government of Alberta, the Minister of Health and the Auditor General are *accountable* to the Legislative Assembly. The health authorities and Provincial Health Council are *accountable* to the Minister of Health. The AMA is *accountable* to the Minister of Health for the aggregate

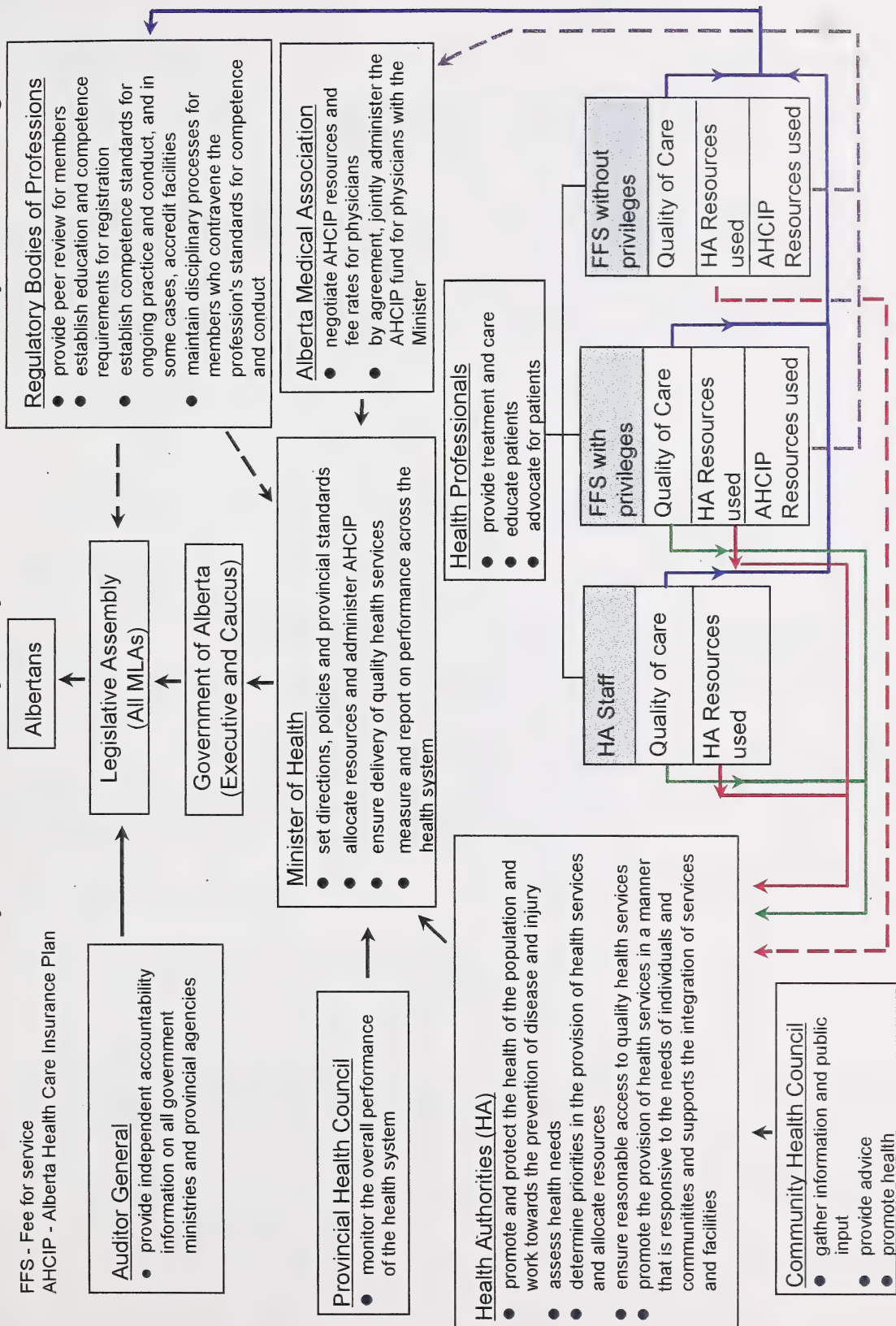
funds in the AHCIP budget, subject to its agreement with the Minister. The regulatory bodies of the health professions are *answerable* to the Minister and the Legislative Assembly.

Publicly-funded health professionals are accountable to several parties and can generally be placed in one of three categories, based on their source of funding and whether they hold hospital privileges:

- i) regional health authority staff (professionals employed or contracted by health authorities) are *accountable* to their:
 - regulatory bodies for the quality of their professional practice and
 - health authorities for the quality of the services they provide and health authority resources they use
- ii) fee-for-service professionals with hospital privileges (primarily physicians at the present time) are:
 - *accountable* to their regulatory bodies for the quality of their professional practice and
 - *accountable*, to some degree, to the health authority they have privileges with for the quality of the services they provide and health authority resources they use
 - *answerable* to the Minister of Health and the AMA for the resources they use under AHCIP
- iii) fee-for-service professionals without hospital privileges (primarily physicians) are:
 - *accountable* to their regulatory bodies for the quality of their professional practice
 - not accountable to health authorities for the health authority resources they use, but are
 - *answerable* to the Minister of Health and the AMA for the resources they use under AHCIP.

Current Accountability Structure For Major Players in Alberta's Health System

Figure 3



Solid arrows show accountable relationships
Dotted arrows show significant linkages that a

ONGOING DEVELOPMENT OF THE HEALTH ACCOUNTABILITY FRAMEWORK

This document describes the structure and processes supporting accountability in Alberta's health system and highlights areas where clarification and improvement are needed. Further work is required to resolve the issues raised and to improve both the structure of accountability and supporting processes. This work will be dynamic and ongoing, requiring input and collaboration from all players.

The Minister of Health has initiated a number of projects, involving a wide variety of players, which support the goal of improved health system accountability and performance. These include:

- ◆ releasing the discussion document, "Health and Health System Expectations and Measures"
- ◆ developing health and health system expectations and measures
- ◆ developing population based health targets
- ◆ defining public health responsibilities and services
- ◆ reviewing the funding of health authorities
- ◆ reviewing long term care, including: home care, drug strategies, long term care facilities and a government-wide assessment on the impact of an aging population
- ◆ supporting the development of clinical practice guidelines
- ◆ developing *alberta we//net*, an integrated health information system, to improve access to valid and reliable health data throughout the health system
- ◆ developing legislation to permit reasonable access to health information to facilitate proper treatment and informed decisions about health services while protecting Albertans' right to privacy

- ◆ developing the Health Professions Act to clarify the responsibilities and accountabilities of health professionals and their regulatory bodies
- ◆ working with the AMA to improve the accountability of individual physicians and the AMA for AHCIP funds
- ◆ reviewing health authority business plans and annual reports and providing feedback to health authorities on their plans and performance.

Next Steps

In taking the next steps to improve accountability in Alberta's health system, the Minister of Health will work closely with health authorities, regulatory bodies, other key health players and stakeholders, and Albertans.

Our long term goal is to have a high quality, sustainable health care system that is accessible and responsive to the health needs of Albertans -- a health care system that is accountable and practices continuous improvement at all levels.

This report will be updated in the future as major changes are made to Alberta's health system.

APPENDICES

- Appendix 1 DEFINITIONS
- Appendix 2 STATUTES ADMINISTERED BY THE FEDERAL
GOVERNMENT
- Appendix 3 STATUTES AND REGULATIONS
ADMINISTERED BY THE MINISTER OF
HEALTH
- Appendix 4 STATUTES ADMINISTERED BY OTHER
MINISTRIES
- Appendix 5 REGULATED HEALTH PROFESSIONALS IN
ALBERTA
- Appendix 6 ADVISORY AND APPEAL BOARDS,
COMMITTEES AND BODIES ESTABLISHED
UNDER STATUTES, REGULATIONS OR
MINISTERIAL ORDERS
- Appendix 7 SUMMARY OF CONSULTATIONS ON THE
DRAFT DISCUSSION DOCUMENT

APPENDIX 1

DEFINITIONS

- Accountability:** the obligation to answer for the execution of one's assigned responsibilities to the person or group who conferred the responsibilities
- Accountability framework (or structure):**
authorized roles, responsibilities and reporting relationships
- Answerability:** the obligation to provide information and explanation
- Benchmark:** a "best in class" comparator; a high level of performance that others achieve when undertaking a similar responsibility
- Directive:** instructions provided under the authority of a statute or a regulation; directives generally prescribe how the provisions in a statute or regulation are carried out (the level of authority to approve a directive is determined by the governing statute or regulation)
- Expectation:** a desired result as set out in a goal, guideline, policy standard, target or benchmark
- Goal:** a broad statement of a desired condition which is potentially attainable, though not necessarily easily or within a short time frame
- Guideline:** a recommendation developed to guide an individual or an organization undertaking an activity
- Input:** the amount and type of resources (staff, clients, money, supplies, material, buildings, etc.) used to deliver programs and services
- Liability:** a legal obligation or responsibility, including a legal responsibility to do something, pay something or refrain from doing something

Measure:	a quantitative tool to assess progress in meeting expectations
Outcome:	a change in health status or health determinants of clients that can be attributed to a program or service
Output:	the results of processes that were completed, for example, average daily cost per client, average length of stay
Practice audit:	an audit of a professional's practice; may involve observations of the practice, reviews of clinical files and surveys of the professional's peers and patients.
Process:	the activities and tasks undertaken to achieve program or service objectives
Regulation:	a law enacted under the authority of a statute; regulations generally prescribe how the provisions in a statute are carried out (a regulation may be an Order in Council or a Ministerial Order -- the type of order is determined by the governing statute).
Responsibility:	the obligation to act or make decisions
Standard:	a minimum requirement to be met, as set out by a competent authority or based on available evidence
Statute:	a law enacted under the authority of Parliament or a Legislative Assembly
Target:	a specific statement of a desired level of, or change in, performance to be achieved, usually within a given time period

APPENDIX 2

STATUTES ADMINISTERED BY THE FEDERAL GOVERNMENT

Health Canada administers the following statutes in whole or in part on behalf of the federal government:

- ◆ Canada Health Act;
- ◆ Canada Medical Act;
- ◆ Canadian Centre on Substance Abuse Act;
- ◆ Department of Health Act;
- ◆ Federal-Provincial Fiscal Arrangements Act;
- ◆ Financial Administration Act;
- ◆ Canadian Environmental Protection Act;
- ◆ Food and Drugs Act;
- ◆ Hazardous Materials Information Review Act;
- ◆ Hazardous Products Act;
- ◆ Narcotic Control Act;
- ◆ Pest Control Products Act;
- ◆ Pesticide Residue Compensation Act;
- ◆ Quarantine Act;
- ◆ Radiation Emitting Devices Act;
- ◆ Tobacco Products Control Act;
- ◆ Tobacco Sales to Young Persons Act;
- ◆ Patent Act;
- ◆ Queen Elizabeth II Canadian Research Fund Act;
- ◆ Medical Research Council Act;
- ◆ Fitness and Amateur Sport Act; and
- ◆ Controlled Drugs and Substances Act (not in force yet).

APPENDIX 3

STATUTES AND REGULATIONS ADMINISTERED BY THE MINISTER OF HEALTH AS OF MAY 15, 1998

1. ABC Benefits Corporation Act
 - a. ABC Benefits Corporation Regulation
2. Alberta Health Care Insurance Act
 - a. Alberta Health Care Insurance Regulation
 - b. Chiropractic Benefits Regulation
 - c. Claims for Benefits Regulation
 - d. Extended Health Services Benefits Regulation
 - e. Medical Benefits Regulation
 - f. Optometric Benefits Regulation
 - g. Oral & Facial Surgery Benefit Regulation
 - h. Payment for Out-of-Province Medical Claims Regulation
 - i. Podiatric Benefits Regulation
3. Ambulance Services Act
 - a. Ambulance Maintenance Regulation
 - b. Confidentiality Regulation
 - c. Licensing Regulation
 - d. Staff, Vehicle & Equipment Regulation
4. Blind Persons Rights Act
 - a. Guide Dogs Qualifications Regulation
5. Cancer Programs Act
 - a. General Regulation
6. Dental Profession Act
 - a. Dental Profession Regulation
7. Emergency Medical Aid Act
8. Government Organization Act, Schedule 7
 - a. Health Grants Regulation
9. Health Facilities Review Committee Act
 - a. Rules of the AHFR Committee

10. Health Foundations Act

- a. Health Foundations Regulation
- b. Nomination Regulation

11. Health Insurance Premiums Act

- a. Health Insurance Premiums Regulation
- b. Penalty Regulation

12. Hospitals Act *

- a. Hospitalization Benefits Regulation
- b. Hospital Foundations Regulation
- c. Operation of Approved Hospitals Regulation
- d. Application in Respect of Regional Health Authorities Regulation
- e. Crown's Right of Recovery (Ministerial) Regulation
- f. Crown's Right of Recovery Regulation

13. Human Tissue Gift Act

14. Lloydminster Hospital Act (to be repealed, the repeal act has received royal assent but has not been proclaimed in force)

- a. Forms Regulation

15. Medical Profession Act

- a. Medical Profession By-Laws

16. Mental Health Act

- a. Forms and Review Panel Regulation
- b. Mental Health Regulation
- c. Patient Advocate Regulation

17. M.S.I. Foundation Act

18. Nursing Homes Act

- a. Nursing Homes General Regulation
- b. Nursing Homes Operation Regulation

*Alberta Treasury administers the Assessment Factor Regulation (Hospitals Act)

19. Nursing Profession Act

- a. Registration Regulation
- b. General Regulation
- c. Certified Graduate Nurse Regulation
- d. Code of Ethics Regulation
- e. Regulation and By-Law Approval Regulation

20. Optometry Profession Act

- a. Optometry Profession General Regulation
- b. Optometry Profession Standards of Practice Regulation

21. Physical Therapy Profession Act

- a. General Regulation

22. Provincial Health Authorities of Alberta Act

23. Public Health Act

- a. Alberta Aids to Daily Living and EHB Regulation
- b. Bodies of Deceased Persons Regulation
- c. Communicable Diseases Regulation
- d. Coordinated Home Care Program Regulation
- e. Food Regulation
- f. Forms Regulation
- g. Housing Regulation
- h. Institutions Regulation
- i. Nuisance and General Sanitation Regulation
- j. Provincial Board of Health Regulations Governing Barbershops and Beauty Culture Parlours (div. 30)
- k. Qualifications of Inspectors Regulation
- l. Recreation Area Regulation
- m. Regulated Matter Regulation
- o. Swimming Pool Regulation
- p. Treatment Services Regulation
- q. Waiver Regulation
- r. Work Camps Regulation
- s. Application in Respect of Regional Health Authorities Regulation
- t. Registered Nurse Providing Extended Health Services Regulation

24. Regional Health Authorities Act

- a. Provincial Mental Health Advisory Board Regulation

- b. Property and Assets (Transitional) Regulation
- c. Regional Health Authorities Regulation
- d. Regional Health Authorities Foundations Regulation
- e. Regional Health Authorities (Ministerial) Regulation
- f. Interim Regional Health Authority Appointment Regulation
- g. Alberta Hospital Edmonton Foundation Regulation
- h. Community Health Councils Regulation
- i. Community Health Councils (Ministerial) Regulation

25. Registered Dietitians Act

- a. General Regulations

26. Premier's Council on the Status of Persons with Disabilities Act
(administered by the Honourable H. Jonson)

27. Protection for Persons in Care Act (the Minister of Health is
responsible for some provisions)

APPENDIX 4

STATUTES ADMINISTERED BY OTHER MINISTERS

There are many pieces of provincial legislation that are administered by other Ministers which affect aspects of the health system. The following list is not meant to be exhaustive.

Statutes which Protect the Public

- ◆ Child Welfare Act
- ◆ Environmental Protection and Enhancement Act
- ◆ Fatality Inquiries Act
- ◆ Freedom of Information and the Protection of Privacy Act
- ◆ Municipal Government Act (emergency services)
- ◆ Occupational Health and Safety Act
- ◆ Ombudsman Act
- ◆ Protection for Persons in Care Act
- ◆ Public Safety Services Act
- ◆ Safety Codes Act

Statutes which Impact the Administration of Health Programs and Services

- ◆ Business Corporations Act
- ◆ Companies Act
- ◆ Dependent Adults Act
- ◆ Employment Standards Code
- ◆ Labour Relations Code
- ◆ Local Authorities Election Act
- ◆ Personal Directives Act
- ◆ Protection for Persons in Care Act
- ◆ Seniors Benefit Act

Statutes Governing Practitioners Employed in the Health System

- ◆ Chiropractic Professions Act
- ◆ Dental Disciplines Act
- ◆ Dental Mechanics Act
- ◆ Health Disciplines Act
- ◆ Occupational Therapy Profession Act
- ◆ Opticians Act
- ◆ Pharmaceutical Profession Act
- ◆ Podiatry Act
- ◆ Psychology Profession Act

APPENDIX 5

REGULATED HEALTH PROFESSIONALS IN ALBERTA

- ◆ Occupational therapists
- ◆ Physical therapists
- ◆ Podiatrists
- ◆ Psychologists
- ◆ Dietitians
- ◆ Social workers
- ◆ Dental assistants
- ◆ Dental hygienists
- ◆ Dental Technicians
- ◆ Chiropractors
- ◆ Denturists
- ◆ Dentists
- ◆ Physicians
- ◆ Registered nurses
- ◆ Opticians
- ◆ Optometrists
- ◆ Pharmacists
- ◆ Acupuncturists
- ◆ Combined lab and x-ray technologists
- ◆ Emergency medical technicians
- ◆ Hearing aid practitioners
- ◆ Licensed practical nurses
- ◆ Medical laboratory technologists
- ◆ Medical radiation technologists
- ◆ Mental deficiency nurses
- ◆ Midwives
- ◆ Registered psychiatric nurses
- ◆ Respiratory therapists
- ◆ Orthotists and prosthetists

APPENDIX 6

ADVISORY AND APPEAL BOARDS, COMMITTEES AND BODIES ESTABLISHED UNDER STATUTES, REGULATIONS OR MINISTERIAL ORDERS

Alberta Advisory Committee on AIDS

The Alberta Advisory Committee on AIDS is established under a Minister's Order and is accountable to the Minister. The committee reviews and makes recommendations to the Minister respecting the management, prevention and control of human immunodeficiency virus (HIV) infection/AIDS.

Incentive Payments Steering Committee

The Incentive Payments Steering Committee is established under a Minister's Order and is accountable to the Minister. The committee provides advice to the Minister respecting payments made to physicians made under section 28.2 of the Alberta Health Care Insurance Regulations.

Management Committee for the Northern River Basin Human Health Monitoring Program

The Management Committee for the Northern River Basin Human Health Monitoring Program is an inter-departmental committee established under a Minister's Order and is accountable to the Minister. The committee oversees a study of the human effects of substances released into the environment of the Peace, Athabasca, Slave river basins.

Rural Physician Action Plan Coordinating Committee

The Rural Physician Action Plan Coordinating Committee is established under a Minister's Order and is accountable to the Minister. The committee provides advice to the Minister respecting issues pertaining to the recruitment of physicians to rural Alberta.

Province Wide Services Advisory Committee

The Province Wide Services Advisory Committee will advise the

Minister on issues regarding Province Wide Health Services. The committee will:

- a) Annually review the designated Province Wide Services to determine whether they should still be included, expanded, reduced or discontinued.
- b) Ensure the development of actions plans for the provision of all province wide services which will address: operating sites, service volumes, and resources required (capital, human and financial).
- c) Identify emerging province wide services and ensure the development of action plans leading to their successful introduction into the province.
- d) Ensure the development of systems of accountability that will measure the effectiveness of the province wide services on the basis of criteria for intervention, access, cost, and quality as compared to best practice or previously determined goals.
- e) Establish a mechanism for the assessment of new technology (drugs, procedures and devices) related to the province wide services, and advise the Minister on approval and funding.

Population Based Funding Implementation Committee

The committee advises the Deputy Minister of Health on issues regarding the distribution of population based funds to the Regional Health Authorities. The committee will:

- a) Review the data base available and issues of concern regarding:
 - i) regional populations
 - ii) age and gender utilization profiles
 - iii) the socio-economic health risk groups and utilization profiles.

- b) Consider the implications of regional allocations and expenditures for developing strategies to improve population health.
- c) Assess the data base and the impact of import and export of services on regional funding.
- d) Consider issues of concern regarding data sets, documentation of services, and other opportunities for improvement in the system.
- e) Advise the Minister on substantive unresolved issues.
- f) Consider other issues as requested by the Minister.
- g) Prepare a report annually, addressing these terms, and potential implications for future funding allocations.

Out-of-Country Health Services Committee

The Out-of-Country Health Services Committee is established under a Minister's Order and is accountable to the Minister. Alberta residents may apply to the Out-of-Country Health Services Committee to receive health services outside of Canada where the resident has endeavoured to receive the services in Canada and they are not available in Canada. The committee reviews and evaluates the application.

Senior Reference Committee

The Senior Reference Committee advises the Deputy Minister of Health on a broad range of issues relating to Information Management and Information Technology within the health system in Alberta.

Technical Coordinating Group

The Technical Coordinating Group advises the Senior Reference Committee on information management and technology initiatives that provide an infrastructure capable of supporting the delivery of quality health care throughout the province.

Long Term Care Review Policy Advisory Committee

The Long Term Care Review Policy Advisory Committee advises and makes recommendations to the Minister of Health on priority policy issues and strategies for addressing the impact of the aging population on the health system.

Advisory Committee on the Usage of Blood, Blood Products and their Alternatives in Alberta

The purpose of the Advisory Committee on the Usage of Blood, Blood Products and their Alternatives in Alberta is to develop recommendations for a well-integrated, effective blood services delivery system in Alberta that meets future needs, for submission to the Minister of Health.

Health Information Protection Act Steering Committee

The Health Information Protection Act Steering Committee advises the Minister of Health on issues related to the protection and use of health information, conducts consultations with health stakeholders and Albertans, proposes policy options, and makes recommendations about legislation relating to the collection, use, access and disclosure of health information.

MRI/CT Diagnostic Imaging Provincial Task Force

The MRI/CT Diagnostic Imaging Provincial Task Force advises the Minister of Health on issues relating to diagnostic imaging, including clinical practice guidelines, equipment acquisition and utilization, waiting lists for service, and overall volume and cost increases.

Alberta Aids to Daily Living and Extended Health Benefits Appeal Panels

The Alberta Aids to Daily Living and Extended Health Benefits Appeal Panels are established under regulation to review the appeals of persons relating to the eligibility of a person for cost sharing in respect of a health aid or extended health benefit. The panels are accountable to the Minister.

Ambulance Advisory and Appeal Board

The Ambulance Advisory and Appeal Board is established under statute and is accountable to the Minister. The role of the Board is:

(a) to investigate and hear appeals from:

- ◆ operators regarding the suspension, amendment or revocation of operating licenses
- ◆ applicants whose applications for licensure have been refused.

(b) to advise the Minister on matters pertaining to the provision of ambulance services, and

(c) on being requested to do so by the Minister to:

- (i) investigate or inquire into, collect information relating to or conduct research into any matter relating to the delivery of ambulance services
- (ii) conduct an investigation into or inspection of the ambulance services provided by an operator
- (iii) hold public hearings for the purpose of receiving submissions on matters pertaining to ambulance services
- (iv) perform any task or function that the Minister may request from time to time.

Mental Health Review Panels (Edmonton, Calgary, and Ponoka)

The Mental Health Review Panels are established under statute and are accountable to the Minister. The panels review:

- ◆ the applications of formal patients, guardians or persons on behalf of patients for cancellation of admission certificates or renewal certificates

- ◆ admission certificates or renewal certificates for formal patients receiving continuous treatment for a period of six months
- ◆ applications from persons sentenced to a correctional facility, but receiving treatment at a designated psychiatric facility, to be returned to a correctional facility
- ◆ applications from formal patients found not to be mentally competent to make treatment decisions, to have the physician's opinion respecting competence reviewed, and
- ◆ applications by a physician to treat a mentally competent formal patient objecting to treatment.

Hospital Privileges Appeal Board

The Hospital Privileges Appeal Board is established under statute and is accountable to the Minister. It is authorized to hear the appeals from the members, or former members, of a medical staff of an approved hospital who are grieving an approved hospital board's decision to not re-appoint or to terminate, suspend, or vary their hospital privileges.

Out-of-Country Health Services Health Services Appeal Panel

Alberta residents may appeal a decision reached by the Out-of-Country Health Services Committee regarding a resident's application for out-of-country health services to the Out-of-Country Health Services Appeal Panel. The Appeal Panel may confirm or vary the decision of the Out-of-Country Health Services Committee or substitute its decision for the Out-of-Country Health Services Committee decision.

Public Health Advisory and Appeal Board

The Public Health Advisory and Appeal Board is established under statute and is accountable to the Lieutenant Governor in Council. The duties of the Board are to:

- ◆ advise the Minister on matters pertaining to the public health

- ◆ on the request of the Minister make investigations, collect information or conduct research into matters relating to the public health (reporting to the Minister)
- ◆ on the request of the Lieutenant Governor in Council (by order), hold public hearings to receive submissions on matters pertaining to public health as specified in the order and report to the Minister
- ◆ engage the services of persons having special technical, professional or other knowledge in regard to an investigation, research or public hearing, and
- ◆ hear appeals from persons appealing a decision of a regional health authority in regard to an order issued under the Public Health Act or a decision to issue, cancel, suspend, or refuse to issue a license or permit under the Public Health Act.

The Mental Health Patient Advocate

The Mental Health Patient Advocate is established under statute and is accountable to the Lieutenant Governor in Council. The Mental Health Patient Advocate investigates the complaints from or relating to formal patients regarding the care and treatment that they have received at a designated facility (i.e. facilities designated under the Mental Health Act for the detention and treatment of individuals detained under the Mental Health Act).

In addition to investigating complaints from formal patients involuntarily detained under the Act (i.e. those patients placed in a designated psychiatric facility under an admission or renewal certificate), the Patient Advocate also serves as a resource for the psychiatric community by providing service and rights related information to mental health consumers and the general public.

Provincial Health Authorities of Alberta

The Provincial Health Authorities of Alberta is established under statute and is a forum for the regional health authorities, the Provincial Mental Health Advisory Board and the Alberta Cancer Board. The PHAA is a self-governing association, accountable only to its members.

The PHAA carries out a number of activities for its members, including:

- ◆ to encourage and assist members to provide health services of high quality
- ◆ to promote local authority and control over the provision of health services
- ◆ to study, discuss and distribute information and advice to members concerning the planning, construction and equipping of health care facilities, the organization and management of health care facilities, the development and improvement of standards for health services, and the education of personnel providing health services
- ◆ to represent members in discussions and negotiations with governments, government agencies and organizations engaged in providing health services
- ◆ to regulate and promote sound labour relations on behalf of members and members' agents and employees, and
- ◆ to co-ordinate the activities of members in collaborative ventures.

APPENDIX 7

SUMMARY OF CONSULTATIONS ON THE DRAFT DISCUSSION DOCUMENT

Consultation meetings with health authorities, the health professions and physician representatives took place between September 1997 and January 1998. The discussions in the meetings focused on the accuracy of the discussion document, the questions raised in the discussion document and what stakeholders thought was needed to improve accountability in the health system. The major themes from the consultations were:

i) Accuracy of "Achieving Accountability"

- ◆ Health authorities generally viewed the draft document as an accurate, solid background reference about the structures and processes supporting accountability in the health system.
- ◆ Health authorities generally agreed with the definition of accountability and the description of their responsibilities and accountabilities. Some health authorities felt that the definition of accountability was too narrow and did not adequately recognize health authorities' relationships to patients, residents and communities.
- ◆ The regulatory bodies of health professions generally felt that the definition of accountability was too narrow and did not adequately recognize professionals' relationships to peers and patients.
- ◆ Some stakeholders felt that the document focused too much on legislated, "hierarchical" relationships and not enough on informal relationships (and on moral and ethical responsibilities).
- ◆ Most health authorities viewed themselves as being accountable to several parties: the Minister, patients, the public and the communities in the health region. The document stated that health authorities are directly accountable to the Minister with responsibilities to their patients and the public.

- ◆ All stakeholders disagreed that elected board members would primarily be accountable to the Minister of Health; stakeholders felt that elected board members would be primarily accountable to their electorate.

ii) Relationships Between Regional Health Authorities and Provincial Health Authorities

- ◆ Most health authorities felt their relationships with other health authorities were good, but that they could still be improved, especially in the area of province-wide health services. Improved communication, and better collaboration in the planning, delivery and follow-up to province-wide services would improve services to patients.
- ◆ Many smaller rural health authorities felt that the health authorities providing province-wide health services should establish joint planning/access committees to ensure that smaller health authorities are represented in decision-making for province-wide services. This would help to ensure that urban and rural residents have equal access to province-wide services.
- ◆ There was agreement among health authorities that communication and collaboration among the Provincial Mental Health Advisory Board (PMHAB), the Alberta Cancer Board (ACB) and Regional Health Authorities must improve. A few health authorities felt that PMHAB and/or ACB could be disestablished, and that community mental health and cancer services could be provided by RHAs, while tertiary mental health and cancer services could be provided by Capital Health Authority and Calgary Regional Health Authority.
- ◆ Many stakeholders wanted more clarity about the divestment strategy and future mandate of PMHAB and felt that uncertainty in this area is impeding accountability.

iii) Compensation Systems for Physicians

- ◆ Health authorities did not agree on whether payment of fee-for-service practitioners should be administered by the Minister of Health or by health authorities. It was recognized that all compensation systems have benefits and problems. Changing the

current compensation scheme could solve some accountability problems, but it could also have undesired consequences (e.g., if health authorities paid physicians, they may compete for physicians, and this could escalate costs and adversely impact the distribution of physicians and access to medical care across the province).

- ◆ None of the groups representing physicians supported transferring the management of fee-for-service funds to health authorities because they felt it would impede physicians' abilities to advocate for their patients.

iv) Physician Accountability for Use of Health Authority Resources

- ◆ All health authorities felt that physicians should be accountable to health authorities for their use of health authority resources. Health authorities had different views regarding the effectiveness of current medical staff by-laws as an accountability mechanism.
- ◆ Some physicians feel they are already accountable to health authorities for their use of health authority resources through the medical staff by-laws.
- ◆ Health authorities generally felt that physicians would become more responsible in their use of health authority resources if the physicians received data on their utilization of resources in comparison with their peers.

v) Continuous Improvement and Accreditation

- ◆ Health authorities and regulatory bodies support the concept of continuous improvement and they support accreditation processes. Some health authorities are seeking greater leadership, direction and support from Alberta Health in this area.

vi) Other

- ◆ Most health authorities were concerned about the role of the Provincial Health Council, and felt that the Council was expanding its mandate beyond its original intent. Some

regulatory bodies felt that the role of the Provincial Health Council should be expanded.

- ◆ Some stakeholders felt that the patient care practices of health authorities need to be standardized and monitored to ensure compliance with standards.

Some regulatory bodies indicated they are the most appropriate parties for developing clinical practice guidelines, and that regulatory bodies should have a voice in health authority clinical decision making.

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